



**Dislocated Worker Program
Rapid Response Profile**

CSS-1A

Incident identification number: _____ (for DWS use only)

Rapid Response Service Coordinator:

Please enter the following information and return this form with the completed Rapid Response customer satisfaction survey forms for each Rapid Response orientation session.

1. Date: ____/____/____
(MM / DD / YY)
2. Total layoff: _____
3. How many Rapid Response sessions will be conducted for this incident? _____
4. Total attending this session: _____
5. Location: _____ / _____
City/County
6. Date employees learned of the impending layoff: ____/____/____
(MM / DD / YY)
7. Date first layoffs are anticipated/occurred: ____/____/____
(MM / DD / YY)
8. Status of employees in this session:
 1. ☐ Most or all already laid off
 2. ☐ Most or all to be laid off
 3. ☐ Some laid off, rest will be
 4. ☐ Some to be laid off, some kept
9. Company/Site: _____ / _____
10. Time Begin ____:____ ☐ A.M. ☐ P.M.
11. Time End ____:____ ☐ A.M. ☐ P.M.
12. Was this session conducted on company time? ☐ Yes ☐ No
13. Where is this session being conducted?
 1. ☐ In Company facilities
 2. ☐ Community center
 3. ☐ Employment Services facilities
 4. ☐ Union hall
 5. ☐ Other (please explain) : _____
14. Which of the following made a presentation? (Check all that apply)
 1. ☐ Rapid Response staff from Frankfort
 2. ☐ Local office Dislocated Worker Program Staff
 3. ☐ Unemployment Insurance Staff
 4. ☐ United Way staff
 5. ☐ Health Services staff
 6. ☐ Other (Please specify): _____

15. Comments: _____